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Draft country programme document**

Somalia

Summary

The Executive Director presents the draft country programme document for Somalia for discussion and comments. The Executive Board is requested to approve the aggregate indicative budget of $22,770,000 from regular resources, subject to the availability of funds, and $80,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2004 to 2008.

* E/ICEF/2003/10.

** In accordance with Executive Board decision 2002/4 (E/ICEF/2002/8), the present document will be revised and posted on the UNICEF Extranet in October 2003, together with the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2004.

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Basic data (2001 unless otherwise stated)	
Child population (millions, under 18 years)	5.0
U5MR (per 1,000 live births)	225
Underweight (% moderate and severe) (1999)	26
Maternal mortality ratio (per 100,000 live births) (2000[a])	1 100
Primary school attendance (% net, male/female) (1999)	12/10
Primary school children reaching grade 5 (%) (1999)	79
Use of improved drinking water sources (%) (1999)	29
Adult HIV prevalence rate (%) (1999)	1.0
Child work (%, 5-14 year-olds) (1999)	36
GNI per capita (US$)	[b]
One-year-olds immunized against DPT3 (%)	33
One-year-olds immunized against measles (%)	38

[a] Preliminary World Health Organization (WHO)/UNICEF 2000 estimates.
[b] Range estimated at $745 or less.

The situation of children and women

1. Somalia continues to have a complex and volatile political, social and economic landscape. Eleven years after the collapse of the central Government, the country remains beset by conflict and division, prone to drought, vulnerable to floods and presenting some of the worst Millennium Development Goal indicators in the world. Some areas are experiencing political development and economic recovery, while others continue to be plagued by emergencies. Somalia remains one of the poorest countries in the world, where a majority of people struggle to meet their basic needs.

2. Infant, child and maternal mortality rates are among the highest in the world. Diarrhoeal disease-related dehydration, respiratory infections and malaria account for more than one half of all child deaths. Malnutrition is chronic, and appears in acute forms in areas of drought, flooding and localized conflict. Food insecurity, extremely low family income, poor infant feeding practices and infectious diseases are the main causes of malnutrition. Somalia reports one of the highest maternal mortality ratios in the world caused by poor antenatal, delivery, postnatal care and limited emergency obstetric facilities. Female genital mutilation (FGM), affecting up to 95 per cent of girls, is an underlying cause of maternal death and a serious violation of child rights. Cholera is endemic and occurs on a seasonal basis. Poor hygiene and sanitation and the consumption of unsafe water are among the main causes of high mortality and morbidity. Water availability and access are critical problems, and a cause for both conflict and internal migration.

3. Education and learning opportunities are extremely limited. While primary school accessibility and enrolment have increased in the last few years, the majority of children do not benefit from quality education. Upper primary and secondary level education opportunities are virtually non-existent. Girl's education is afforded less priority, resulting in the limited access of girls to formal learning opportunities.

Gender-related disparities remain a major concern, with girls accounting for only 35 per cent of primary school level enrolments due to a combination of traditional attitudes and economic considerations.

4. Youth and vulnerable children have known nothing but conflict and hardship. Due to years of neglect of the education sector, most youth are out of school and illiterate or only semi-literate. Many have suffered displacement and have experienced and sometimes participated in violence. There are growing numbers of children in need of special care and protection. In addition, gender discrimination is deeply rooted in the traditional socio-cultural structures of Somali society and is a formidable barrier to women's participation in decision-making and access to resources.

5. The prevalence of HIV/AIDS is still low. However, the movement of high-risk population groups and the high incidence of tuberculosis and sexually transmitted diseases (STDs) combine to make the spread of HIV/AIDS imminent if unchecked.

6. The basic causes contributing to the situation of children and women are threefold. First, the majority of social services and formal infrastructure in the country has been destroyed by the years of civil war. Second, there is a void of technically qualified personnel to provide services and ensure that children's rights are fulfilled. Finally, the Somali population is widely dispersed and mobile, making interventions complicated and limiting access for large segments of the population.

7. There are also a number underlying causes that hinder humanitarian and development efforts. Violence and armed conflict continue in large parts of the country, and the many peace processes have failed so far to create a peaceful and unified environment. While relative stability exists in the North-west Zone of "Somaliland" and parts of the North-east Zone of "Puntland", the central and southern areas continue to see localized conflict. There is no central government structure or related legal institutions from which national policies, programmes and laws can be uniformly developed and advanced. Where forms of regional and local governance exist, they are nascent and fragile. Clan loyalties influence many of these structures and are a divisive force.

8. The economic and ecological environments are affected by a number of factors. Unregulated commercialization, a two-year ban on exports of livestock, land degradation and recurring floods and drought have eroded traditional livelihood structures and have contributed to an increase in the levels of absolute poverty. Increasing inequities within Somali society, continued emergence of the urban poor and long-term internally displaced settlements are other consequences of this trend. At the same time, cultural norms — influenced by the prevailing knowledge, attitudes and practices among communities — continue to have a direct impact on the fulfilment of the rights of Somali children.

Key results and lessons learned from previous cooperation, 2001-2003

9. UNICEF maintains a large operational presence throughout Somalia, collaborating with partners to implement programmes with an approach that is adapted to the levels of security, stability and the capacity of counterparts.

Prevailing circumstances require flexible operational modalities, different types of partnerships and prioritization of activities based on local realities.

Key results achieved

10. In areas of relative stability, UNICEF and local authorities collaborated on improving the quality and sustainability of health facilities, health service delivery and more accountable health management systems. Technical support was provided to local authorities for the management of health care systems and the development of sectoral policies. Through support from UNICEF and its non-governmental organization (NGO) partners, essential drugs and medical equipment were used in over 400 health facilities, together with the training of medical staff on supervision and monitoring. An average of 10 nutritional surveys were carried out by UNICEF, the Food Security Assessment Unit and NGO partners per year to monitor nutritional status and inform ensuing supplementary and therapeutic feeding programmes. A comprehensive nutrition package was provided by UNICEF, including a total of 297,000 rations of Supermix; family rations from the World Food Programme; and access to curative care, immunization, growth monitoring, micronutrient supplementation and health education.

11. UNICEF and WHO conducted National and Subnational Immunization Days and cross-border activities in all three zones, increasing coverage to over 97 per cent, or 1,383,000 children per round by the end of 2002. Polio eradication efforts by UNICEF and WHO resulted in the reduction of the wild polio virus, with no cases being reported since October 2002. Outbreaks of malaria, measles, meningitis and cholera were prevented or controlled through immunization, and nearly 1 million children received vitamin A capsules during National Immunization Days (NIDs) each year.

12. In water and environmental sanitation (WES), partnerships with local communities, private self-help groups and authorities provided clean water and sustainable management structures for an additional 570,000 people in rural areas and urban centres. Personal hygiene and sanitation practices were improved in over 80 per cent of the supported communities. Latrines and ablution facilities were established and complemented with hygiene education.

13. In education, primary school gross enrolment rates increased steadily, reaching 17 per cent, or 210,000 children, by 2002. New standardized national curriculum and textbooks developed by UNICEF, in collaboration with the United Nations Educational, Scientific and Cultural Organization (UNESCO) and other partners, were utilized in over 1,100 schools. Community leaders and education functionaries were sensitized on the importance of quality education, especially for young girls. All operational schools were supported with education kits and learning material. Over 6,500 primary school teachers received training on the new materials, as education reforms continued to be emphasized. The development of education policies and standards were supported by UNICEF and partner agencies from the Somalia Aid Coordination Body (SACB) in the two northern zones. A countrywide education management information system, re-established with UNICEF support, provided gender-disaggregated data for use by communities, education functionaries and non-governmental actors.

14. The non-formal education programme offered primary-level learning opportunities for out-of-school youth. Standardized non-formal education modules and materials were developed by UNICEF and local authorities. The training of trainers in the use of non-formal materials was conducted, leading to an increased number of qualified teachers.

15. UNICEF and partners initiated work on advocacy and mobilization of communities to address the growing threat of HIV/AIDS, to promote the total eradication of FGM, to protect the rights of vulnerable girls and women, and to advance the participation of women in society. In collaboration with WHO and the United Nations Population Fund, UNICEF provided STD kits and drugs in pilot sentinel sites, and supported initial training for counsellors on the prevention and control of HIV/AIDS. FGM task forces and HIV/AIDS networks were established with support from UNICEF and partners. While limited progress was made during the cycle, efforts are beginning to increase awareness among local authorities, religious leaders, health workers, women, youth and educators on HIV/AIDS and the negative impact of FGM. At the same time, increasing numbers of women are participating in education committees and related technical bodies, and there is greater understanding of child protection concerns.

16. Fully integrated emergency response activities within sectoral programmes have ensured a timely and effective response. Stocks of essential relief supplies have been prepositioned, maintained and replenished in preparation for crises. Even in the most unstable areas, programme communication and social mobilization strategies continued to enhance programme impact and focused on promoting behaviour change.

Lessons learned

17. In preparation for the new country programme, a comprehensive external country programme evaluation was conducted, highlighting key lessons learned. In large parts of Somalia, particularly the central and southern zones, chronic insecurity has required that programme implementation strategies continue to be adopted with a flexible, decentralized approach that is modified as the situation evolves. The experience of mobile teams in smaller office environments has been particularly successful as it has allowed the rapid shift of programme activities from one area to another depending on security, while ensuring broad coverage.

18. Even in an emergency, where limited policy-level institutions exist, investing in decentralized local structures is a necessary and viable strategy to make projects institutionally and financially sustainable. The active involvement of users and local authorities in the design and management of social services is, therefore, essential in achieving public accountability and quality of services.

19. The capacity of the social service delivery system is extremely weak. The major hindrance is the absence of qualified human resources. Experience in the health and education programmes shows that creating a trained pool of human resources, before investing in a service infrastructure, achieves optimal results.

20. UNICEF will need to continue to play both a normative and operational role. Experience reaffirms that it is feasible and crucial to have a human rights-based approach in planning and implementing long-term interventions, focusing on quality

improvement, developing systems and ensuring community participation in all stages of programming. The development of primary school curriculum and textbooks, revitalization of teacher training, establishment of a supervisory cadre and the creation of a learning achievement monitoring system are representative examples. None the less, some activities will need to continue through direct and proactive implementation by UNICEF, with a maintained operational capacity.

The country programme, 2004-2008

Summary budget table

(In thousands of United States dollars)

Programme	*Regular resources*	*Other resources*	*Total*
Health	3 340	23 750	27 090
Nutrition	975	7 250	8 225
Water and environmental sanitation	2 150	12 410	14 560
Education	2 025	11 640	13 665
Communication, protection and participation	2 890	12 280	15 170
Planning, monitoring and evaluation	2 300	1 460	3 760
Cross-sectoral costs	9 090	11 210	20 300
Total	**22 770**	**80 000**	**102 770**

Preparation process

21. Preparation of the 2004-2008 country programme has been based on: (a) an understanding of the evolving situation in Somalia; (b) recognition of the activities of local authorities, and humanitarian and development partners; and (c) lessons learned. In the absence of a central authority to lead the process from the national side, it was carried out with cooperation and input from community leaders and administrations in the three zones, international partners and donor members of SACB, and with guidance from the UNICEF regional office and headquarters.

22. The exercise began with the country programme evaluation from June to October 2002, which culminated in a consultative meeting with partners. Based on the evaluation, the preparation exercise moved forward to review the scope and direction of the new programme. Discussions were informed by the process of updating the situation analysis of children and women (due for completion in 2003), and a series of studies and surveys in the areas of child protection, education, nutrition, and water and sanitation. Strategy outlines for each programme were shared with UNICEF zonal and national partners, and specific consultative sessions were held in each zone on the relevance, appropriateness and feasibility of the proposed strategies, as well as to identify required zonal modifications. With these inputs, a strategy paper was consolidated and finalized with feedback from UNICEF regional staff, key operational partners and donors.

Goals, key results and strategies

23. The vision and challenge that guides the proposed country programme is twofold: first, to invest in long-term development processes that enable a fractured nation to rebuild itself, including support to policy development and institutional capacities; and second, to support programmes for the immediate survival and holistic development of all children and women and their active participation in the development of their communities.

24. The proposed country programme has five broad visionary goals: (a) to reduce mortality and morbidity of infants and children under five years old; (b) to reduce maternal mortality and morbidity; (c) to increase learning by children and youth through basic education; (d) to reduce violence, exploitation, abuse and discrimination of children and women; and (e) to reduce the prevalence and prevention of the spread of HIV/AIDS. The first four address the current situation, while the goal on HIV/AIDS is essentially to avoid a future crisis. While the prevalence rate of HIV/AIDS is still low, the rapid spread of the pandemic shows how fragile this low prevalence can be. Focusing on HIV/AIDS prevention offers a unique opportunity to prevent the Somali population from being devastated by the pandemic.

25. In line with the overall vision, the country programme envisages the following key results by the end of 2008: increased access to health care and services; reduced malnutrition; increased access to clean water and improved sanitation; increased access of children and youth to, and learning from, quality basic education opportunities; and increased access of marginalized and disadvantaged children to basic services and psychosocial care.

26. In addition, key process results are: enhanced participation and ownership of communities, particularly women and youth, in the establishment and delivery of social services; the development and strengthening of partnerships, networks and alliances for and with children and women; and the continued availability of data and analysis of the situation of children and women in Somalia.

27. At all stages of planning, implementation, monitoring and evaluation, UNICEF will be guided by core human rights principles, a human rights-based approach to programming, flexible and adaptive programming, and the promotion of peace and tolerance. The proposed programme strategies are derived on this basis and from the lessons learned in the previous cycle:

(a) In the absence of a formal social infrastructure and limited social service facilities, the ongoing strategy of *support to the establishment and development of social services and facilities*, and expansion of their coverage, will continue;

(b) To ensure that such facilities provide quality services, ***human resources development*** will be strengthened through support to a cadre of professionals who are equipped with adequate skills and a clear understanding of their role as "duty bearers" in the fulfilment of the rights of children;

(c) Political developments in northern Somalia, where relative peace and governance structures are emerging, provide a concrete opportunity for ***institutional capacity development*** by supporting the establishment of a normative framework for social services in conjunction with local authorities, the private sector and business community. This will be complemented at the local level through ***community***

capacity development, which will receive greater emphasis in the more conflict-prone central and southern areas. The approach includes work with duty bearers, through advocacy and technical support, to reaffirm their commitments to children and women as "rights holders", and to fully assume their critical role;

(d) Given certain traditional cultural norms and long-standing trends of discrimination, there is a great need to advocate proactively for the rights of women and children, especially the girl child. At the same time, positive traditional practices of extended clan and community relationships, which provide care and protection in times of crisis, need to be retained and built upon. All programmes supported by UNICEF will incorporate elements of *awareness-raising and advocacy for rights*. A key element of this strategy will be building longer-term alliances and partnerships with the large number of emerging civil society institutions, and working with community groups, particularly women and youth, to build their capacity to sustain development initiatives;

(e) The country programme will ensure *enhanced reach to disadvantaged and marginalized groups*. While universal access to basic services is the ultimate objective, the focus on particular groups that are economically and socially marginalized is critical in the immediate term given the rapid growth of private enterprises and increasing social disparities that impede equitable access to basic services. There is also a need for continued and direct work with local communities in a holistic manner to achieve optimal reach and coverage of social services, advocacy and capacity-building efforts. Hence, the proposed country programme will adopt an *integrated community-based approach* in selected areas of the three zones of Somalia based on situation and capacity analyses conducted in collaboration with other United Nations agencies, local and international stakeholders.

Relationship to national priorities and UNDAF

28. UNICEF is an active member of SACB, chairing and co-chairing a number of the sectoral committees. These committees work to develop guidelines on programme design and implementation, standardize project performance, ensure complementary approaches at the operational level and oversee coordination of sectoral interventions. The SACB Executive Committee provides the strategic framework for overall coordination of humanitarian and development actors in Somalia.

29. In the absence of a full United Nations Development Assistance Framework process for Somalia, the United Nations Country Team (UNCT), under the auspices of the Resident Coordinator, developed a Joint Action and Recovery Plan in 2002. The Plan draws upon mechanisms established by SACB and the annual United Nations inter-agency Consolidated Appeal Process (CAP), which provides the basis for humanitarian programming. It was formulated on the basis of ongoing assessments of the humanitarian and development situation, and taking into account areas where the United Nations has a comparative advantage and most impact. The Plan is a first step towards overall harmonization of United Nations programmes, building on existing partnerships with a view to attaining optimal programming synergies and a common planning framework. In order to further strengthen inter-agency collaboration and target certain issues within the Plan, the UNCT has agreed

to concentrate on four priorities in the immediate term: HIV/AIDS; protection and human rights; basic education; and the provision of basic services. These priorities provide the basis for consolidation of a joint United Nations results matrix in 2003 and were taken into account in the development of the proposed UNICEF country programme.

Relationship to international priorities

30. The proposed UNICEF country programme has been formulated specifically to support the UNICEF medium-term strategic plan, the World Fit for Children Declaration, the Millennium Summit Declaration and the United Nations Millennium Development Goals. They are also in line with, and complement, UNICEF priorities in eastern and southern Africa.

Programme components

31. The proposed UNICEF Somalia country programme is comprised of six programmes and a component of cross-sectoral support.

32. **Health.** This programme is comprised of three projects: strengthening of child health care services; safe motherhood; and child immunization. The access, utilization and quality of essential health services will be enhanced through an increase in the number of facilities offering a minimum package of care. The provision of basic health care services will be complemented by the development of institutional capacities, including training of health care personnel, development of policies and support to continued health sector reforms. Cost-sharing approaches will be further expanded, while ensuring that safety nets for the most vulnerable groups continue to exist. The expanded programme on immunization (EPI), together with routine immunization and NIDs, will aim to cover a larger group of children against vaccine-preventable diseases. Polio eradication efforts will continue in conjunction with WHO, ensuring the eradication of the virus from Somalia during the programme period. UNICEF will continue to provide supplies such as basic drugs, insecticide-treated nets, vaccines and medical equipment to partners, while ensuring a timely and effective response during emergencies. Special emphasis will be placed on safe motherhood practices, working with local authorities and NGOs on expanding antenatal care, home delivery assistance and emergency obstetric care. In conjunction with the education programme and local communities, the school health project will be expanded. Information dissemination and health education will continue through community health workers, traditional birth attendants and media channels. UNICEF will work closely with SACB health sector partners, local authorities, the private sector and community-based organizations.

33. **Nutrition.** This programme is comprised of three projects: control of micronutrient deficiency disorders; improved feeding practices; and selective feeding. UNICEF will train health workers on regular growth monitoring and nutritional surveillance; work with partners in developing community-based maternal and child nutrition packages for improved feeding practices; support micronutrient policy frameworks as part of health sector reform; and develop information materials for families and communities to ensure proper care. Based on nutritional surveillance, programmes for supplementary and therapeutic feeding of

malnourished children will be initiated and supported, in conjunction with NGO partners. Vitamin A supplementation to children under five years of age and the supply of iron cum folic acid to pregnant women will continue through the EPI programme.

34. **WES.** This programme is comprised of two projects: water supply; and hygiene and environmental sanitation. These interlinked projects will address cholera and other waterborne diseases. UNICEF will build sustainable water supply and distribution systems in both urban and rural areas, while ensuring access for the most vulnerable members of communities. Targeted social mobilization campaigns will be carried out for safer storage of household water and improved hand-washing practices directly with communities and through hygiene education in schools. UNICEF will continue to provide technical support and supplies for the establishment of alternative water systems and the provision of latrines and hand-washing facilities. UNICEF will provide training in the operation and maintenance of existing water sources, and will support efforts by local authorities and communities, particularly in the north, to strengthen their oversight of water systems and set policies and standards. UNICEF will work with members of the SACB Water, Sanitation and Infrastructure Committee, local communities and community-based organizations, water authorities and the private sector.

35. **Education.** This programme is comprised of two projects: primary formal education; and primary alternative education. The primary education project will continue to focus on the re-establishment and expansion of a formal primary schooling system within Somalia. Special focus will be placed on substantially increasing enrolment, retention and learning levels, particularly for girls. The second project will focus on building alternative non-formal learning opportunities for children and out-of-school youth without access to formal education. UNICEF will continue to provide quality education materials to schools and training for teachers and other education professionals; support the organization capacities of community education committees; and assist local authorities in the development of education policies and standards. This includes development of standardized curriculum, textbooks and related materials. UNICEF will work closely with UNESCO and the SACB Education Sectoral Committee, local authorities, communities and related education committees.

36. **Communication, protection and participation.** This programme is comprised of four projects: child protection; HIV/AIDS; youth development and participation; and communication for development. The child protection project will focus on strengthening the capacities of families, communities and other duty bearers to provide protection for children against violence, abuse, exploitation and discrimination. It will also support the development of normative and institutional frameworks that ensure the protection of children, and access of marginalized and disadvantaged children to basic service and psychosocial care. Similarly, the HIV/AIDS project will focus on ensuring an enabling environment for community-based, multisectoral action to prevent and control the spread of the pandemic, with a focus on youth-friendly services and a conducive policy environment.

37. Closely linked to the other projects, the youth development and participation project will seek to develop the organizational capacities of youth groups; provide opportunities for recreational and cultural activities; work closely with the education programme to support learning opportunities for youth; and establish effective

networks that enable youth to assume responsibilities as agents of change. Support will also be provided for the development of holistic, gender-sensitive youth policies. The communication for development project will focus on the development of strategies for programme communication and social mobilization in support of the various sectors. The project will spearhead development of a human rights-based approach to programme communication, with a focus on building the capacities of rights holders and empowering them as agents of change. Advocacy strategies will be developed through alliances and partnership networks to create opportunities that will allow children and youth to claim their participation rights. UNICEF will work closely with local authorities, communities, youth groups and members of SACB.

38. **Planning, monitoring and evaluation.** This programme ensures that UNICEF programmes and projects are based on improved assessment and analysis of the situation, including lessons learned, and aims to support the establishment of a reliable and credible knowledge centre within the programme. In addition to overall guidance and oversight of UNICEF planning processes, from assessment and analysis to implementation and monitoring, this programme will fully integrate elements of emergency preparedness to ensure appropriate planning and rapid response by the sectoral programmes. This programme will also develop indicators and closely monitor the mainstreaming of gender concerns into all UNICEF-supported programmes and processes.

39. **Cross-sectoral costs.** The cost of implementing programmes in Somalia is high due to long distances, complex logistics, limited information and communication infrastructure, and the adverse security environment. The country office has worked to ensure an optimal reach and spread of its operations, taking into account cost-saving initiatives and related efforts to streamline operational work processes. Offshore procurement through UNICEF Copenhagen and the Consolidated Supply Section in the regional office continues to be vital, with key supplies procured for programmes such as WES and health, including vaccines.

40. The proposed country programme will utilize regular resources strategically for posts and core normative functions such as planning, monitoring and evaluation. This approach will provide the basis for attracting other resources for the more technical and direct programme costs. The CAP and special emergency appeals will continue to form the basis for humanitarian programming within the overall SACB and UNCT frameworks.

Major partnerships

41. Efforts by the international community are coordinated under the umbrella of SACB, whose membership includes donors, United Nations agencies and NGOs. Close partnerships have been maintained with the donor community, in particular with the European Commission and member states of the European Union, the Governments of Canada, Japan and the United States, which have continued their crucial support of UNICEF programmes. UNICEF is committed to coordination within the United Nations system and is an active member of UNCT.

42. Within Somalia, local and international NGOs continue to be key partners in programme implementation. Long-term development efforts are carried out particularly in the northern regions where there are functional and semi-functional administrations. UNICEF works closely with local authorities in strengthening their

capacity for planning, policy development and oversight of social services. In the southern parts of the country, the lack of a central authority requires more proactive involvement from UNICEF, and direct programme implementation in conjunction with local and international partners. With an increased emphasis on decentralized programme planning, UNICEF strongly supports the development of community-level ownership and management capacities, particularly in the more volatile areas.

Monitoring, evaluation and programme management

43. The management of the proposed country programme will continue to be through a decentralized approach, with a support and coordination centre in Nairobi and three zonal offices headed by international staff in Hargeisa (North-west), Bosasso (North-east) and Baidoa (Central and South). The Baidoa zonal office is supported by three smaller offices in Mogadishu, Jowhar and Kismayo. Programme implementation and monitoring in the central and southern areas, where the situation is highly volatile, will continue to be through multiple bases, with support from a highly mobile team of international and national staff, and consultants. This mobile approach has proven effective, and has improved the capacity of UNICEF for emergency preparedness and response, and greater outreach. The Nairobi-based support centre provides programme guidance, oversight and administrative support, and coordinates activities with United Nations agencies and SACB. Security coordination is managed by the United Nations Development Programme, with all United Nations agencies contributing to a common security scheme.

44. Emergency response activities will continue to be an integral part of the programme process, with a focus on early warning, preparedness and early action. This includes regular monitoring of the following elements: political and security developments and their impact on civilians; disparities in rainfall and their impact on crop and livestock production; water levels in flood-prone areas; and the risk of cholera and other disease outbreaks. Responsibility for emergency planning, implementation, monitoring and review is mainstreamed into the respective programme sectors. Furthermore, stocks of key items will continue to be pre-positioned in order to allow UNICEF to provide immediate support to communities in need.

45. The proposed country programme will strengthen current monitoring and evaluation activities, and conduct them in a more systematic manner. A series of impact and process indicators to consistently monitor programmes have been developed. In addition, the Integrated Monitoring and Evaluation Plan will be maintained and strengthened as a key programme management tool. The situation of children and women will be monitored through the ongoing activities of the country programme, existing information systems and specific studies. Emphasis will be on partnering with Somali organizations and communities to conduct studies, while seeking opportunities to build their capacities. Data storage and retrieval will be systematized using Child Info, and linked to other databases.

46. Evaluations will continue to be built in at the planning stage in the annual programme plans of action. Sectoral mid-term reviews will be conducted in 2006, leading to a comprehensive country programme evaluation in 2007. Evaluations will be conducted with donors when feasible, and will concentrate on the impact of cross-sectoral interventions. They will be documented to serve as learning mechanisms for improving programme planning and implementation processes.